

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1

Registered No. 547

(2) Full Name of Child George Edmund Richardson

If child is not yet named, write name here

(a) SEX OF CHILD Boy

(c) RACE OF CHILD Negro

(d) DATE OF BIRTH Aug 23 1901

FATHER

MOTHER

(a) FULL NAME George Edmund Richardson

(a) FULL NAME Ruth Holmes

(b) PRESENT RESIDENCE OF FATHER Charleston S.C.

(b) PRESENT RESIDENCE OF MOTHER Charleston S.C.

(c) COLOR OF FATHER Negro

(c) COLOR OF MOTHER Negro

(d) BIRTH PLACE OF FATHER Charleston

(d) BIRTH PLACE OF MOTHER Charleston S.C.

(e) OCCUPATION OF FATHER Carpenter

(e) OCCUPATION OF MOTHER Seamstress

(f) NUMBER OF CHILDREN BORN TO FATHER 15

(f) NUMBER OF CHILDREN BORN TO MOTHER Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.

(23) (Signature) W. H. Miller

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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Registrar

(25) Witness

(Signature of Witness necessary only when question (2) is signed by father)

(27) Filed 7/6

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed of children born before the fifth month of pregnancy.

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